Little Traverse Bay Bands of Odawa Indians Gijigowi Bipskaabiimi Department

PARENT REFERRAL FORM

Student:	Parent or Guardian:
	GE DAI BAX
Address:	City/State:
Home phone:	Work phone:
Cell phone:	Email:
Name of School:	Teacher:Grade:
REASONS FOR REFERRAL Check as	many areas as appropriate:
ACADEMIC	
Incomplete work Walls and work Walls and work will be a course with the course of the cours	with content vement ok, etc.) on a regular basis
BEHAVIORAL will refer to L	TBB Mental Health Department
AREAS OF CONCERN:	
Check as many as appropriate:	ken in an attempt to correct any areas of concern?
Shared concern with student	Modification of instruction
Guidance Counselor contact	
Teacher contact	Other (please be specific)
Comments:	
Please return con	npleted form to the Gijigowi Bipskaabiimi Department.
WAGA	NAKISING ODAWA

Phone: 231.242.1480

Fax: 231.242.1490

RELEASE OF INFORMATION

Academic Year G	irade		
Student's Printed Name			
Student's Academic Institution			
Special terms that apply:			
Gijigowi Bipskaabiimi Department means the Gijigowi Bipskaabiimi Department oi	f Little Traverse Bay Bands of O	dawa Indians.	
IEP means the Individual Education Plan for the student developed by the parent,	staff, and appropriate agencies		
<i>Press Release</i> means any form of public notifications i.e. Tribal newsletter, Annual brochures.	Community Meeting, bulletin b	oards, Tribal website, and	
School means any division of a public school system or any charter, tribal or privat	e school.		
Special Achievements means events worthy of certificates, publications such as a cachievements, and employment after graduation.	dissertation or thesis, Dean's lis	or other lists of academic	
Student records means an official copy of the student's records not included in the include attendance, discipline, or other assessments.	student's transcripts to date o	f the request, which may	
Transcripts mean an official copy of the student's courses, grades, and grade point	average to date of the request		
Tribe means the Little Traverse Bay Bands of Odawa Indians or the Waganakising Odawa.			
Authorization:			
I authorize that the LTBB Gijigowi Bipskaabiimi Department may request and receinstitution as stated above. I authorize the LTBB Gijigowi Bipskaabiimi Department meetings as requested and scheduled by the appropriate agencies and staff. I also press releases in cases of special achievements, graduations, and any other events	t to visit my child at his/her acar authorize the Gijigowi Bipskaal	demic institution and to attend	
Signature of Parent or Legal Guardian:		Date:	
Signature of Gijigowi Bipskaabiimi Director:		Date:	
Department Use			
Staff person assigned:			
Date of contact with school and contact name:			
Actions Taken:			
Date of follow up:			
Scheduled time to meet with student:			
Comments:			